Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDUR	RES NOTICE FIL	ING			
AGENCY NAME Mississippi Department of Revenue		CONTACT PERSON Stephanie Rogers		TELEPHONE NUMBER 601-923-7190	
ADDRESS Post Office Box 1033		CITY Jackson		STATE MS	ZIP 39215
EMAIL stephanie.rogers@dor.ms.gov	SUBMIT DATE 6/28/12	Name or number of rule(s): Title 35, Part III, Subpart 11, Chapte	er 19		
Short explanation of rule/amendment to file withholding tax reports is being the state of the st			ent/repeal: I	Rule providir	ng extension of time
Specific legal authority authorizing			309		
List all rules repealed, amended, or	suspended by the	e proposed rule: Title 35, Part III, S	ubpart 11, Ch	napter 19	
ORAL PROCEEDING:					
An oral proceeding is scheduled			<u>ı.</u> Pla	ice: <u>Mississir</u>	opi Library
Commission, 3881 Eastwood Drive,					
Presently, an oral proceeding is				d b Bal1	A. D. J. J.
If an oral proceeding is not scheduled, an oraten (10) or more persons. The written requenotice of proposed rule adoption and should agent or attorney, the name, address, email comment period, written submissions include	est should be submitte include the name, ad address, and telephor ing arguments, data, a	d to the agency contact person at the above dress, email address, and telephone numbe ne number of the party or parties you repres	e address within or of the person(sent. At any tim	twenty (20) da s) making the re e within the tw	ys after the filing of this equest; and, if you are an enty-five (25) day public
ECONOMIC IMPACT STATEMENT					
⊠ Economic impact statement not	required for this	rule. Concise summary of e	conomic imp	act statemer	nt attached.
TEMPORARY RULES Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing		oroposed: New rule(s) Amendment to existing rule(s) Repeal of existing rule(s) Adoption by reference	Date Proposed Rule Filed: osed:		
Other (specify):	Propose _X 3	od final effective date: Od days after filing Other (specify):	Effective da	eal adopted as	
Printed name and Title of persor Signature of person authorized t		ile rules:Stephanie Rogers			343
		NOT WRITE BELOW THIS LINE			
OFFICIAL FILING STAMP		OFFICIAL FILING STAMP	0	FFICIAL FILIN	IG STAMP
	SE	JUN 2 8 2012 IMISSISSIPPI CRETARY OF STATE			
Accepted for filing by		ed for filing by 896 E CB	Accepted for filing by		